

EXHIBIT AA

Estate of Howard Katzman

VCF Documentation



September 11th
Victim Compensation Fund

April 12, 2017

HILARY KATZMAN

[REDACTED]

Dear HILARY KATZMAN:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. Your claim number is VCF0080027. Your Eligibility Form was determined to be substantially complete on April 11, 2017. As stated in the regulations and on the claim form, by filing a substantially complete Eligibility Form you have waived your right to file or be a party to a September 11th-related lawsuit.

The Decision on your Claim

The VCF has determined that you meet the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, you have been found eligible for the following injuries:

- ASTHMA, UNSPECIFIED, UNSPECIFIED STATUS
- CHRONIC AIRWAY OBSTRUCTION NEC
- ESOPHAGEAL REFLUX
- UNSPECIFIED SINUSITIS

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

What Happens Next

If you have been certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

If you believe you have eligible injuries that are not being treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating your award,



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you should amend your claim. If you choose to amend your claim, making an appointment with the WTC Health Program and seeking certification for your condition is the best way to get the necessary evidence that you have an eligible condition for purpose of obtaining compensation from the VCF.

If you do not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: WENDELL TONG



September 11th
Victim Compensation Fund

November 6, 2020

HILLARY KATZMAN

[REDACTED]
[REDACTED]

Re: CLAIM NUMBER: VCF0080027

Dear HILLARY KATZMAN:

The September 11th Victim Compensation Fund ("VCF") sent you a letter on October 12, 2017 notifying you of the award determination on your claim.

You then amended your claim to request additional losses. The VCF has considered your amended claim and reviewed the new information you provided. This letter sets forth the revised award and supersedes and replaces all previous letters.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as [REDACTED]. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

Compensation for pension loss was not awarded, as your husband's exposure was not a result of volunteering on or after 9/11/01 with the NYPD. Personal injury replacement services were not awarded as specific medical documentation showing that Mr. Katzman was unable to perform household services due to his VCF-eligible conditions was not provided. Additional non-economic loss was not awarded as specific medical records in support were not provided.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

What Happens Next

You have already received a payment of [REDACTED]. You are now entitled to an additional payment of [REDACTED]. This amount is equal to the difference between your revised total award and the amount that has already been paid on your claim.

The VCF will deem this award to be final and will begin processing the full payment on your



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claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.

- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal.**

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under "Frequently Asked Questions" and in the Policies and Procedures available under "Forms and Resources."

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.



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Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0080027**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: WENDELL TONG



September 11th
Victim Compensation Fund

Award Detail

Claim Number: VCF0080027
Decedent Name: HOWARD KATZMAN

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	\$0.00
Total Lost Earnings and Benefits	\$0.00
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	\$0.00
Other Offsets related to Earnings	\$0.00
Total Offsets Applicable to Lost Earnings	\$0.00
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
Total Other Economic Losses	\$0.00
Total Economic Loss	\$0.00
Total Non-Economic Loss	[REDACTED]
Subtotal Award for Personal Injury Claim	[REDACTED]



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DECEASED CLAIM (Losses from Date of Death)	
Loss of Earnings including Benefits and Pension	
Offsets Applicable to Lost Earnings and Benefits	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
Total Offsets Applicable to Loss of Earnings and Benefits	
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Replacement Services	
Burial Costs	
Total Other Economic Losses	
Total Economic Loss	
Non-Economic Loss	
Non-Economic Loss - Decedent	
Non-Economic Loss - Spouse/Dependent(s)	
Total Non-Economic Loss	
Additional Offsets	
Social Security Death Benefits	
Life Insurance	\$0.00
Other Offsets	\$0.00
Total Additional Offsets	
Subtotal Award for Deceased Claim	



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Subtotal of Personal Injury and Deceased Claims	
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
TOTAL AWARD	
Factors Underlying Economic Loss Calculation	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

Eligible Conditions Considered in Award	
Asthma, Unspecified, Unspecified Status	
Chronic Airway Obstruction Nec	
Esophageal Reflux	
Unspecified Sinusitis	

THIS DOCUMENT HAS A LIGHT BACKGROUND COLOR. PLEASE TURN YOUR COMPUTER SCREEN TO LIGHT TO VERIFY FLORIDA WATERMARK.
OFFICE OF VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014067966

DATE ISSUED: May 15, 2014

DECEDENT INFORMATION

NAME: HOWARD KATZMAN

DATE OF DEATH: April 27, 2014

SEX: MALE SSN: [REDACTED] AGE: 079 YEARS

DATE OF BIRTH: [REDACTED]

BIRTHPLACE: BROOKLYN, NEW YORK, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: DELRAY MEDICAL CENTER

LOCATION OF DEATH: DELRAY BEACH, PALM BEACH COUNTY, 33484

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): HILLARY SMITH

RESIDENCE: [REDACTED]

COUNTY: [REDACTED]

OCCUPATION, INDUSTRY: NYC POLICE OFFICER, LAW ENFORCEMENT

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean
 American Indian or Alaskan Native-Tribe: Vietnamese Other Asian: Other Asian: Unknown
 Guamanian or Chamorro Samoan Other Pacific Isl: Other: Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: IRVING KATZMAN

MOTHER: BETTY VALL

INFORMANT: HILLARY KATZMAN

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: [REDACTED]

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: STAR OF DAVID MEMORIAL GARDENS
NORTH LAUDERDALE, FLORIDA

METHOD OF DISPOSITION: ENTOMBMENT

FUNERAL DIRECTOR/LICENSE NUMBER: JASON GROSSBERG, F043257

FUNERAL FACILITY: STAR OF DAVID MEMORIAL GARDENS CEMETERY & FUNERAL CHAPEL F040593
7701 BAILEY ROAD, NORTH LAUDERDALE, FLORIDA 33068

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1858

CERTIFIER'S NAME: LEOR JOSEPH SKOCZYLAS

CERTIFIER'S LICENSE NUMBER: ME93589

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NOT STATED

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a ACUTE RESPIRATORY FAILURE

3 HOURS

b ACUTE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

4 DAYS

c CHRONIC BRONCHITIS

13 YEARS

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? UNKNOWN

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? UNKNOWN

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



, State Registrar

REQ: 2014881266

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (11/11)

CERTIFICATION OF VITAL RECORD



Family Member Affidavits

Hillary Katzman

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X

In Re:

TERRORIST ATTACKS ON
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X
RAYMOND ALEXANDER, et al.,

**AFFIDAVIT OF
HILLARY KATZMAN**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF FLORIDA)
: SS
COUNTY OF PALM BEACH)

HILLARY KATZMAN, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at
[REDACTED]

2. I am currently 76 years old, having been born on [REDACTED]

3. I am the wife of Decedent, Howard Katzman, upon whose death my claims are based. I submit this Affidavit in support of the present motion for a default money judgment for the claim made on behalf of my husband's estate and for my solatium claim. On May 26, 2014, I was issued Letters of Administration as Administrator of my husband's estate by the Circuit Court for Palm Beach County.

4. My husband passed away from Chronic Bronchitis and COPD on April 27, 2014, at the age of 79. It was medically determined that these illnesses were causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. Howard was my husband of 28 years. We spent our time being together, socializing with others, and traveling. Howard was a retired veteran of the New York City Police Department. He served as an officer of the NYPD for 20 years.

6. At the time of September 11, 2001, my husband and I lived at 385 South End Avenue. After the attacks, we lived in a hotel but would return to our apartment at 385 South End Avenue after three months. We would continue to live there for 9 months, breathing the air that we now know was toxic.

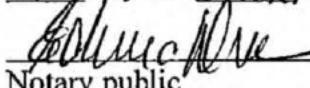
7. Howard started becoming sick only a few months after September 11, 2001. He was diagnosed with asthma, then chronic bronchitis, and subsequently COPD. He was put on medication, but he would have increased difficulty breathing. Eventually, it became difficult for him to do the most basic things such as walking. We had to move to a one-level residence because he eventually became unable to walk up steps. I often wheeled him in a wheelchair and purchased an electric scooter so he could have some independence. He was on oxygen every night and had to take three nebulizer treatments daily.

8. After his passing, I no longer had my best friend to love and share life with. Managing my finances became difficult because I lost his pension, his annuity, and his social security. I didn't have family to support me after his death. I felt completely alone. The attacks on September 11, 2001 took away the last twelve years of my husband's life and deprived me of his companionship.


HILLARY KATZMAN

Sworn before me this

2nd day of October 2023


Notary public

